



COMMONWEALTH of VIRGINIA

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INTERIM COMMISSIONER

DEPARTMENT OF
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January 1, 2018

The Honorable Thomas K. Norment, Jr., Co-chair
The Honorable Emmett W. Hanger, Jr., Co-chair
Senate Finance Committee
14th Floor, Pocahontas Building,
900 East Main Street,
Richmond, VA 23219

Dear Senator Norment and Senator Hanger:

Item 313.L.1. of the 2016 *Appropriation Act*, required the Commissioner of the Department of Behavioral Health and Developmental Services (DBHDS) to “*provide quarterly reports to the House Appropriations and Senate Finance Committees on progress in implementing the plan to close state training centers and transition residents to the community.*”

Please find enclosed the report in accordance with Item 313.L.1. Staff at the department are available should you wish to discuss this request.

Sincerely,

A handwritten signature in blue ink that reads "Jack Barber, M.D.".

Jack Barber, M.D.

Enc.

Cc: William A. Hazel, Jr., M.D.
Joe Flores
Susan E. Massart
Mike Tweedy



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The Honorable S. Chris Jones, Chair
House Appropriations Committee
900 East Main Street
Pocahontas Building, 13th Floor
Richmond, Virginia 23219

Dear Delegate Jones:

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Virginia Department of
Behavioral Health &
Developmental Services

**Fiscal Year 2018
Training Center Closure Plan
1st Quarter Update
(Item 313.L.1 of the 2016 Appropriation Act)**

January 1, 2018

DBHDS Vision: A Life of Possibilities for All Virginians

Fiscal Year 2018

Training Center Closure Plan – 2nd Quarter Update

Preface

Item 313 L.1 of the 2016 *Appropriation Act* requires the Department of Behavioral Health and Developmental Services (DBHDS) to report on the implementation of the state training center closure plan and the transition of residents to the community on a quarterly basis. The language reads:

L.1. Beginning October 1, 2013, the Commissioner of the Department of Behavioral Health and Developmental Services shall provide quarterly reports to the House Appropriations and Senate Finance Committees on progress in implementing the plan to close state training centers and transition residents to the community. The reports shall provide the following information on each state training center: (i) the number of authorized representatives who have made decisions regarding the long-term type of placement for the resident they represent and the type of placement they have chosen; (ii) the number of authorized representatives who have not yet made such decisions; (iii) barriers to discharge; (iv) the general fund and nongeneral fund cost of the services provided to individuals transitioning from training centers; and (v) the use of increased Medicaid reimbursement for congregate residential services to meet exceptional needs of individuals transitioning from state training centers.

2. At least six months prior to the closure of a state intellectual disabilities training center, the Commissioner of Behavioral Health and Developmental Services shall complete a comprehensive survey of each individual residing in the facility slated for closure to determine the services and supports the individual will need to receive appropriate care in the community. The survey shall also determine the adequacy of the community to provide care and treatment for the individual, including but not limited to, the appropriateness of current provider rates, adequacy of waiver services, and availability of housing. The Commissioner shall report quarterly findings to the Governor and Chairmen of the House Appropriations and Senate Finance Committees.

3. The department shall convene quarterly meetings with authorized representatives, families, and service providers in Health Planning Regions I, II, III and IV to provide a mechanism to (i) promote routine collaboration between families and authorized representatives, the department, community services boards, and private providers; (ii) ensure the successful transition of training center residents to the community; and (iii) gather input on Medicaid waiver redesign to better serve individuals with intellectual and developmental disability.

4. In the event that provider capacity cannot meet the needs of individuals transitioning from training centers to the community, the department shall work with community services boards and private providers to explore the feasibility of developing (i) a limited number of small community group homes or intermediate care facilities to meet the needs of residents transitioning to the community, and/or (ii) a regional support center to provide specialty services to individuals with intellectual and developmental disabilities whose medical, dental, rehabilitative or other special needs cannot be met by community providers. The Commissioner shall report on these efforts to the House Appropriations and Senate Finance Committees as part of the quarterly report, pursuant to paragraph L.1.

Fiscal Year 2018 Training Center Closure Plan – 2nd Quarter Update

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Introduction

This report serves as a quarterly update to Item 314.L. 2013 Acts of Assembly and provides the additional information required in Item 307 L, and covers the period of October 1, 2017 to December 31, 2017. Savings realized from training center closures continue to be reinvested to expand community waiver operations. As of November 20, 2017 the statewide census at the training centers was 255 and community capacity continues to increase across the Commonwealth to meet the needs of individuals leaving the training centers. The Department of Behavioral Health and Developmental Services (DBHDS), with the Department of Medical Assistance Services (DMAS), implemented the amended Medicaid Intellectual and Developmental Disability (I/DD) Waivers in September 2016.

Training Center Census Reduction

The first training center/Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID), Southside Virginia Training Center (SVTC), closed in May 2014. Northern Virginia Training Center (NVTC) officially closed operations in March 2016. Southwest Virginia Training Center (SWVTC) and Central Virginia Training Center (CVTC) are scheduled to close on the target dates as noted in Figure 1 below. Southeastern Virginia Training Center (SEVTC) is to remain open.

Figure 1: Training Center Census Changes, 2011 – November 20, 2017

Training Center	2011 Census	Census as of November 20, 2017	Percent Reduction Since 2011	Closure Date
SVTC	242	0	100%	May 2014
NVTC	157	0	100%	March 2016
SWVTC	181	58	68%	June 2018
CVTC	381	124	67%	June 2020
SEVTC	123	73	40%	Remains Open
Total	1084	255	76%	

Training Center Discharge Information

Placements Chosen by Authorized Representatives

Figure 2 below provides the number of individuals and families who have indicated a preference for moving to the community or are actively exploring their options. These families and authorized representatives either are in the process of moving or actively considering community options or are willing to participate in the discharge process.

Figure 2: Training Center Preference for Yes and Maybe as of November 20, 2017

Training Center	Yes - Currently in the Discharge Process	Maybe – Considering Options and Willing to Participate	Total
CVTC	30	22	52
SWVTC	11	29	40
SEVTC	4	3	7
TOTAL	45	54	99

Figure 3 below references the type of homes selected by the authorized representatives of the 703 individuals who have moved from the training centers since 2011.

Figure 3: Types of Homes Chosen by the Individuals Who Transitioned from Training Centers as of November 20, 2017

703 Discharges: Types of Homes Chosen	
Own Home	0
Leased Apartment	1
Family	5
Sponsored	48
Waiver (4 beds or less)	283
Waiver (5 beds or less)	223
Community ICF/IID (4 beds)	27
Community ICF/IID (5 or more beds)	60
Interstate Transfer	4
State Facility	0
Nursing Facility	26
Hospital Hospice Care	1
Medicaid Ineligibility	1
Transfer to Other Training Center (ICF/IID)	24

Authorized Representatives Who Have Not Yet Made Decisions

Figure 4 below also provides preference indicators for family members and individuals who are saying “not yet” or “no” to the discharge process (most likely postponing action until closer to the closing date). Authorized Representatives are either not reachable, unwilling to engage in discussions about placements, or have stated they will not participate in the discharge process at the current time.

Figure 4: Training Center Preference for Not Yet and No as of November 20, 2017

Training Center	Tentative, Not Always Responsive	Saying No or Not Yet	Totals
CVTC	24	48	72
SWVTC	14	4	28
SEVTC	16	50	66
Total	54	102	156

Barriers to Discharge

Two of the leading challenges that impede individuals from leaving the training centers are:

- Reluctance of a guardian/authorized representative to engage in selecting a community provider,

- Alignment of provider capacity with planned discharges which is particularly challenging when the guardian/authorized representatives delay engaging in the discharge process.

Although some families are reluctant and some are adamantly opposed to moving, DBHDS has found that most families and authorized representatives become more willing to choose alternative placements with education about available options and as the established closure dates draw closer. With the first two closures, 25 percent of the families who indicated they would not accept a community placement elected to transition to a new community home instead of transferring to another training center as the closure date approached. With the closure date at SWVTC less than one year away, 76 percent of the families who originally said “no” or “not yet” to a community placement have shifted to choose a new community home over a training center transfer.

Provider capacity varies across the Commonwealth with adequate or excess capacity in some areas of the state and limited capacity in other areas, specifically the Southwest region and some areas in Central Virginia. Active provider development continues in the Southwest and Central regions to add more community provider capacity. Request for Proposals (RFPs) have been awarded and homes are in development in those regions to serve individuals who require medical and behavioral supports.

Total Cost of the Services Provided to Individuals Transitioning

The statewide average cost of supporting individuals in training centers in FY 2017 was \$343,625 per person, per year. The cost per person is projected to continue to increase due to the fixed costs allocated to a declining census in the training centers as well as discharges and natural deaths. Using FY 2016 data, the average annual cost of supporting former residents who have moved into community homes was \$141,559.

Increased Medicaid Reimbursement for Congregate Residential Services

The rates for the developmental disability waivers include a tiered approach payment structure for some services, which reimburses providers for the cost of serving individuals with more intensive behavioral and/or medical support needs. Customized rates support individuals with needs that exceed reimbursement through the current rate structure. For a provider to receive a customized rate, the provider must demonstrate that increased costs are required for staffing and or programmatic oversight. Applications are reviewed and approved on an individual basis for each person and provider.

Service and Support Needs

Survey of Supports and Availability

DBHDS conducts a quarterly comprehensive survey to identify support needs for each individual residing in the next training center scheduled to close. Figure 5 below contains data detailing the support needs for individuals residing at the training centers as of November 1, 2017. The numbers reflect the aggregated support needs for the individuals and provider capacity available in the community to support those needs. DBHDS does not utilize the surveys to match individuals and providers. In addition, the table does not contain data on vacancy rates or provider capacity.

Figure 5: Supports and Availability

Training Center	Individuals who require Behavioral Supports	Provider beds available/in development	Individuals who require medical Supports	Provider beds available/in development
CVTC	38	42	47	58
SWVTC	39	49	23	29
SEVTC	48	50	22	40
Total	125	141	92	127

Regional Support Teams

Five Regional Support Teams (RSTs) were implemented in March 2013. The RSTs are comprised of professionals with experience and expertise in serving individuals with developmental disabilities in the community, including individuals with complex behavioral and medical needs. The RST seeks to resolve individual, regional or system barriers that prevent individuals from receiving services in the most integrated setting of their choice.

There were 15 referrals presented to the RSTs for review from training centers in FY 2017 due to unavailability of residential options in the region surrounding SWVTC. Providers are expanding capacity as a result of the RFP process. There were 22 referrals presented for review from training centers in FY 2017 due to unavailable residential options in the Northwest region of Virginia. DBHDS is in the process of facilitating provider expansions to address this barrier.

Stakeholder Collaboration

Quarterly Meetings

DBHDS facilitates various meetings to promote collaboration with stakeholders as listed below in Figure 6. Meetings have been held since July 2012 regarding the implementation of the Department of Justice (DOJ) Settlement Agreement, Medicaid waiver redesign, and training center closures. The quarterly stakeholder meetings are conducted by the DBHDS Commissioner or designee and include representation from training center families, individuals receiving services, CSBs, private providers, advocacy organizations, and others from each region of the Commonwealth. Representatives from each of these groups are named on an annual basis. The public is invited to provide comment at every meeting. The fourth quarter FY 2017 meeting was held on June 28, 2017. Information related to the stakeholder meeting can be viewed at: www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/doj-settlement-agreement.

Figure 6: Quarterly Meetings



Community Provider Capacity

Number of Small Community Group Homes or Intermediate Care Facilities

Active provider development continues in the Southwest and Central regions to add more community provider capacity. Grants were awarded through the Request for Proposals (RFPs) and homes are in development to serve individuals who require medical and behavioral supports. Figure 7 below compares the statewide training center census with capacity status reported by engaged providers.

Figure 7: Summary of Statewide Training Center Census and Provider Capacity Status (11/17/17)

SWVTC <i>Closure: 2018</i>		CVTC <i>Closure: 2020</i>		SEVTC <i>Remains Open</i>	
Current Census	58	Current Census	125	Current Census	73
Community providers utilized this quarter	7	Community providers utilized this quarter	7	Community providers utilized this quarter	20
Available options	15	Available options	103	Available options	27
Providers in development	4	Providers in development	5	Providers in development	2
Options in development	56	Options in development	25	Options in development	6
Total number of options that will be available by 2018	71	Total number of options available by 2018	128	Total number of options available by 2018	33

Regional Support Centers for Specialty Services

DBHDS developed Regional Community Support Centers (RCSCs) in the training centers to increase

access to services such as dental, therapeutic service and equipment. As the training centers close, DBHDS' Health Support Network (HSN) assesses existing community resources and facilitates the development of community services to address need.

Dental Program – The current dental community programs began through a pilot for individuals with developmental disabilities to receive non-emergent dental services. Services include a comprehensive assessment and two basic/preventative dental appointments per year in the individual's community. These appointments are set at participating clinics at a predetermined reimbursement rate for the dental office. Through October 31, 2017, the program had 1,263 referrals and currently has 1,051 active patients. Of the active patients, less than 25 percent require sedation as the state dental team has focused on educating community dental providers on new approaches to care. This helps avoid routine sedations of individuals in order to receive dental care. Historically, a large percentage individuals living in training centers were routinely sedated in order to receive their dental care.

Mobile Rehab Engineering – Mobile rehab engineering was designed to replace the safety assessment, repair, and sanitation of durable medical equipment that were regularly scheduled at the training centers. There have been 2,190 repairs made to medical durable equipment. Approximately 70 percent of the needed repairs were identified during a safety assessment and not due to a repair call. These repairs reduced the risk of bodily injury in over 85 percent of the cases.

Community Nursing – Through October 2017, the community nursing team provided nursing technical assistance to 837 individuals and providers. The nursing team has also provided community educational programs throughout the Commonwealth with over 600 participants attending.

Conclusion

DBHDS continues to work with families of individuals living at the training centers to identify and transition to new community homes that meet their support needs and preferences. Community provider expertise and capacity continues to expand across the Commonwealth to meet the needs of these individuals as they leave the training centers. Virginia remains on track to transition individuals to new homes and close Southwestern Virginia Training Center by June 2018 and Central Virginia Training Center by June 2020.